

# **Maryland Data Cardiac Data Advisory Committee**

## **Background Briefing Materials**

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Maryland Health Care Commission

December 14, 2010

# Briefing Book Overview



## Maryland State Cardiac Data Advisory Committee: Briefing Book

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2	COMAR 10.25.04 Hospital Quality and Performance Evaluation System (Effective June 16, 2008)
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10	COMAR 10.24.05 Research Waiver Applications: Atlantic C-PORT Study of Non-Primary PCI (April 11, 2009)
11	Recommendation: Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT) Proposal to Study Non-Primary (Elective) PCI Performed in Maryland Hospitals without On-Site Cardiac Surgery (April 13, 2007)
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**Primary PCI Data Work Group**

**Primary PCI Waiver Program (C-PORT)**

**Non-Primary PCI Research Waiver Program (C-PORT-E)**


**MHCC Regulations Governing Cardiac Services**

**ACTION and CathPCI Registries**

**MIEMSS Designation of Cardiac Interventional Centers**

**Advisory Committee on Outcome Assessment in Cardiovascular Care (2003)**

# Request for Public Comment and Stakeholder Input on Alternative Data Collection Approaches

 MARYLAND  
HEALTH CARE  
COMMISSION

**Request for Public Comment**  
Collection of Data on Specialized Cardiac Care Services:  
Percutaneous Coronary Intervention Services (Primary and  
Non-Primary) and Cardiac Surgery Services

**Background**

The Maryland major services: (1) (pPCI) services, for elective or non-primary offer all three special surgery on-site program

Under COM receiving specialized for each category measuring the public comment and cardiac care services


**Request for Public**

**Percutaneous**

The STEMI in hospitals without program. The STEMI patients following the Outcomes Research surgery services. Most participants in the not currently include programs on-site. The specifications are as

Since the de Cardiology's National Coronary Treatment

<sup>1</sup> Nine of these hospitals without cardiac  
<sup>2</sup> COMAR 10.24.17.05 and Percutaneous Coronary  
<sup>3</sup> COMAR 10.25.04.02 Reporting Requirements

 MARYLAND  
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**Summary of Public Comments**

Collection of Data on Specialized Cardiac Care Services: Percutaneous Coronary Intervention Services (Primary and Non-Primary) and Cardiac Surgery

For Review and Discussion at the  
December 7, 2009 Meeting of the  
PCI Data Work Group

- **Request Public Comment**
  - Posted to MHCC Website September 28, 2009; Comments Requested by October 23, 2009
- **Organizations Submitting Comments**
  - Adventist HealthCare
  - American College of Cardiology (Maryland Chapter)
  - American Heart Association
  - Anne Arundel Medical Center
  - Carroll Hospital Center
  - Frederick Memorial Healthcare System
  - Holy Cross Hospital
  - Johns Hopkins Health System
  - MedStar Health
  - Maryland Institute for Emergency Medical Services Systems (MIEMSS)
  - Peninsula Regional Medical Center
  - Southern Maryland Hospital Center
  - Society for Cardiovascular Angiography and Interventions
  - University of Maryland Medical Center
  - Western Maryland Health System

# PCI Data Work Group

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## Maryland Hospitals with Authority to Offer Cardiac Surgery and/or Percutaneous Coronary Intervention (PCI) Services: November 1, 2010

Hospital/Cardiac Program		Jurisdiction
<i>Primary PCI Waiver Hospitals (without on-site cardiac surgery)</i>		
1	Anne Arundel Medical Center*	Anne Arundel County
2	Baltimore Washington Medical Center*	Anne Arundel County
3	Carroll Hospital Center	Carroll County
4	Franklin Square Hospital Center	Baltimore County
5	Frederick Memorial Hospital*	Frederick County
6	Holy Cross Hospital**	Montgomery County
7	Howard County General Hospital	Howard County
8	Johns Hopkins Bayview Medical Center*	Baltimore City
9	Saint Agnes Hospital*	Baltimore City
10	Shady Grove Adventist Hospital*	Montgomery County
11	Southern Maryland Hospital Center*	Prince George's County
12	Upper Chesapeake Medical Center	Harford County
13	Washington County Hospital*	Washington County
<i>Cardiac Surgery and PCI Hospitals</i>		
1	Johns Hopkins Hospital	Baltimore City
2	Peninsula Regional Medical Center	Wicomico County
3	Prince George's Hospital Center	Prince George's County
4	St. Joseph Medical Center	Baltimore County
5	Sinai Hospital of Baltimore	Baltimore City
6	Suburban Hospital	Montgomery County
7	Union Memorial Hospital	Baltimore City
8	University of Maryland Medical Center	Baltimore City
9	Washington Adventist Hospital	Montgomery County
10	Western Maryland Regional Medical Center	Alleghany County

- **Primary PCI Waiver Program**
  - Emergency angioplasty for certain AMI patients
  - Waiver program initiated by MHCC in 2006 in community hospitals without on-site cardiac surgery
  - 2-year waiver renewal cycle
  - On-going data collection, reporting, auditing, and feedback reports to ensure compliance and support quality improvement
- **Non-Primary PCI Research Waiver Program**
  - Multi-state, controlled clinical trial studying the safety and efficacy of non-primary (elective) angioplasty in hospitals without on-site cardiac surgery
  - Time limited (study enrollment expected to be completed in Spring 2011/results in early 2012)
  - Results of the study will be used to review and update the State Health Plan policies governing the co-location of PCI and cardiac surgery services

\*There are currently eight hospitals with approved research waivers to participate in the non-primary PCI study (i.e., C-PORT-E). \*\*MHCC forwarded Holy Cross Hospital (HCH) a Notice of Relinquishment regarding their research waiver to participate in the non-primary PCI study on October 12, 2010. HCH did not meet the required year 1 annual caseload volume of 100 total PCI cases. On October 22, 2010, HCH acknowledged receipt of the Notice of Relinquishment.

# PCI Data Work Group Recommendations

CathPCI Registry <sup>®</sup>		NCDR <sup>®</sup> CathPCI Registry <sup>®</sup> v4.3 Diagnostic Catheterization and Percutaneous Coronary Intervention Registry	
<b>A. DEMOGRAPHICS</b>			
Last Name <sup>2000</sup> :	First Name <sup>2010</sup> :	Middle Name <sup>2020</sup> :	
SSN <sup>2030</sup> : - - □ SSN N/A <sup>2031</sup>	Patient ID <sup>2040</sup> :	(auto)	Other ID <sup>2045</sup> :
Birth Date <sup>2050</sup> :	Sex <sup>2060</sup> :	O Male O Female	
Race: (check all that apply)	□ White <sup>2070</sup>	□ Black/African American <sup>2071</sup>	□ Asian <sup>2072</sup>
	□ American Indian/Alaskan Native <sup>2073</sup>	□ Native Hawaiian/Pacific Islander <sup>2074</sup>	
Hispanic or Latino Ethnicity <sup>2075</sup> :	O No O Yes		
<b>B. EPISODE OF CARE</b>			
Arrival Date/Time <sup>3010,3001</sup> :	Patient Zip Code <sup>3005</sup> :	□ Zip Code N/A <sup>3006</sup>	
Admit Source <sup>3010</sup> :	O Emergency department O Transfer in from another acute care facility O Other		
Insurance Payers: (check all that apply)	<input type="checkbox"/> Private Health Insurance <sup>3020</sup> <input type="checkbox"/> Medicare <sup>3021</sup> <input type="checkbox"/> Medicaid <sup>3022</sup> <input type="checkbox"/> Military Health Care <sup>3023</sup> <input type="checkbox"/> State-Specific Plan (non-Medicaid) <sup>3024</sup> <input type="checkbox"/> Indian Health Service <sup>3025</sup> <input type="checkbox"/> Non-US Insurance <sup>3026</sup> <input type="checkbox"/> None <sup>3027</sup>		
HIC # <sup>3030</sup> :			
<b>C. HISTORY AND RISK FACTORS (ON ARRIVAL TO CATHPCI FACILITY)</b>			
Current/Recent Smoker (< 1 year) <sup>4000</sup> :	O No O Yes	Height <sup>4005</sup> :	(cm)
Hypertension <sup>4005</sup> :	O No O Yes	Weight <sup>4010</sup> :	(kg)
Dyslipidemia <sup>4010</sup> :	O No O Yes	Currently On Dialysis <sup>4005</sup> :	O No O Yes
Family History of Premature CAD <sup>4015</sup> :	O No O Yes	Cerebrovascular Disease <sup>4070</sup> :	O No O Yes
Prior MI <sup>4020</sup> :	O No O Yes	Peripheral Arterial Disease <sup>4075</sup> :	O No O Yes
Prior Heart Failure <sup>4025</sup> :	O No O Yes	Chronic Lung Disease <sup>4080</sup> :	O No O Yes
Prior Valve Surgery/Procedure <sup>4030</sup> :	O No O Yes	Diabetes Mellitus <sup>4085</sup> :	O No O Yes
Prior PCI <sup>4035</sup> :	O No O Yes	>If Yes, Diabetes Therapy <sup>4090</sup> :	O None O Diet O Oral
>If Yes, Most Recent PCI Date <sup>4040</sup> :		O Insulin O Other	
Prior CABG <sup>4045</sup> :	O No O Yes		
>If Yes, Most Recent CABG Date <sup>4050</sup> :			
<b>D. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)</b>			
<b>CLINICAL EVALUATION LEADING TO THE PROCEDURE</b>			
CAD Presentation <sup>5000</sup> :	<input type="checkbox"/> No Sx's, no angina <input type="checkbox"/> Sx unlikely to be ischemic <input type="checkbox"/> Stable angina <input type="checkbox"/> Unstable angina <input type="checkbox"/> Non-STEMI <input type="checkbox"/> STEMI		
>If STEMI or Non-STEMI, Symptom Onset Date/Time <sup>5005,5006</sup> :	□ Time Estimated <sup>5007</sup> □ Time Not Available <sup>5008</sup>		
>If STEMI, Thrombolytics <sup>5010</sup> :	O No O Yes	>If Yes, Start Date/Time <sup>5015,5016</sup> :	
Anginal Classification w/in 2 Weeks <sup>5020</sup> :	O No symptoms O CCS I O CCS II O CCS III O CCS IV		
Anti-Anginal med w/in 2 Weeks <sup>5025</sup> :	O No O Yes >If Yes, Type (check all that apply):		
	<input type="checkbox"/> Beta Blockers <sup>5026</sup> <input type="checkbox"/> Ca Channel Blockers <sup>5027</sup> <input type="checkbox"/> Long Acting Nitrates <sup>5028</sup> <input type="checkbox"/> Ranolazine <sup>5029</sup> <input type="checkbox"/> Other <sup>5030</sup>		
Heart Failure w/in 2 Weeks <sup>5040</sup> :	O No O Yes		
>If Yes, NYHA Class w/in 2 Weeks <sup>5045</sup> :	O Class I O Class II O Class III O Class IV		
Cardiomyopathy or LV Systolic Dysfunction <sup>5050</sup> :	O No O Yes		
Pre-operative Evaluation Before Non-Cardiac Surgery <sup>5055</sup> :	O No O Yes	Cardiac Arrest w/in 24 Hours <sup>5060</sup> :	O No O Yes

- The Work Group recommends that Maryland adopt the NCDR CathPCI Registry<sup>®</sup> tool.

This tool should be used by all Maryland hospitals providing primary and/or non-primary angioplasty. The data set collected by the NCDR CathPCI Registry<sup>®</sup> should be supplemented with additional items based on recommendations from the Cardiac Data Advisory Committee.

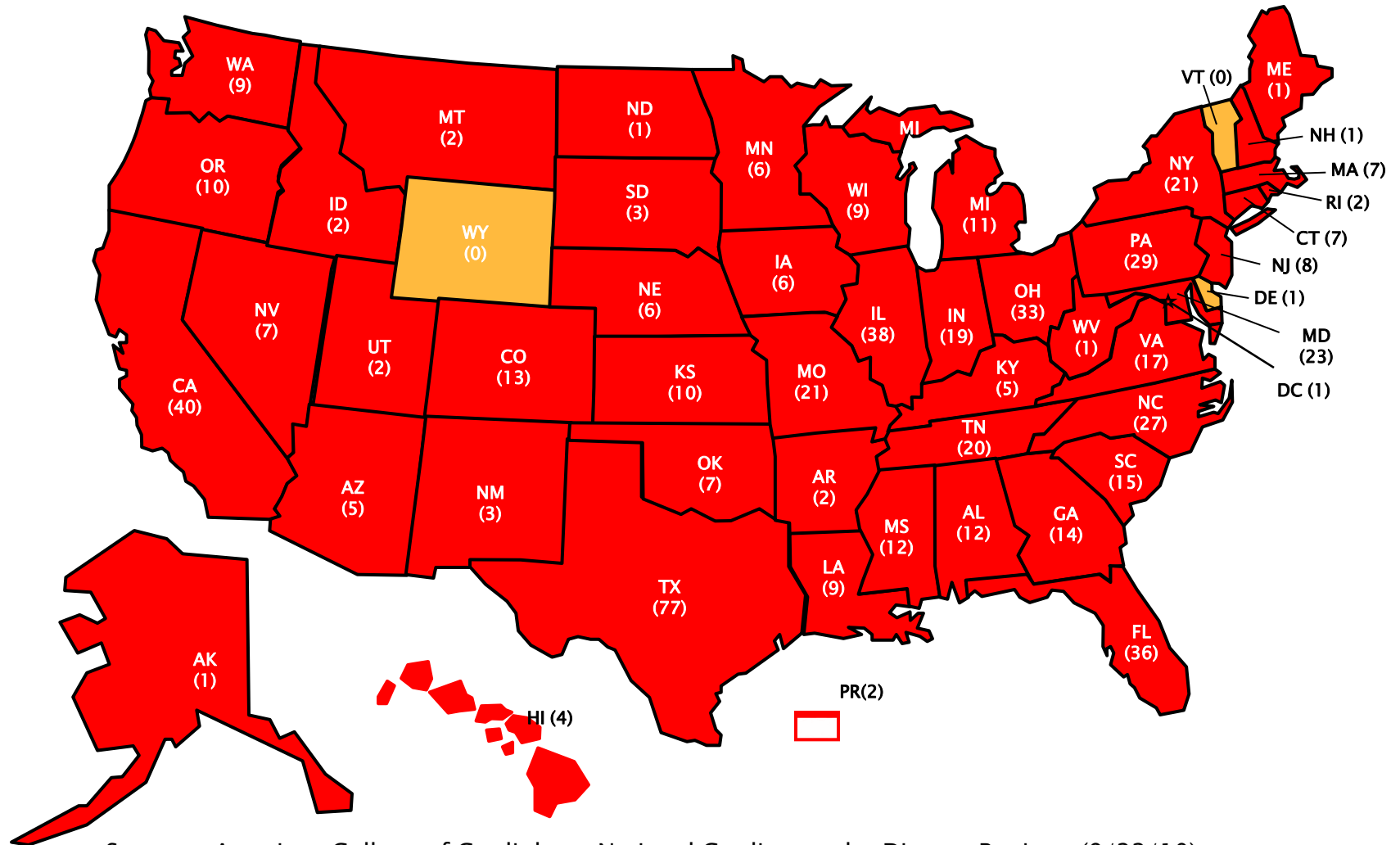
- Maryland Register Notice, April 23, 2010***

All Maryland hospitals with a waiver from MHCC to provide primary PCI services or with a CON issue by MHCC for a cardiac surgery and PCI program are required to enroll in the ACC Foundation's NCDR CathPCI Registry<sup>®</sup> effective July 1, 2010.

- CathPCI Registry Inclusion Population**

The CathPCI Registry measures outcomes of adult patients 18 years and over undergoing diagnostic catheterizations and PCIs.

# ACTION Registry-GWTG: Current Site Distribution (Active Sites=621)



Source: American College of Cardiology, National Cardiovascular Disease Registry (9/22/10).



# PCI Data Work Group Recommendations

ACTION Registry®-GWTG™		NCDR® ACTION Registry®-GWTG™ v2.1 (Limited) Acute Coronary Treatment and Intervention Outcomes Network Registry	
<b>A. DEMOGRAPHICS</b>			
Last Name <sup>2000</sup>	First Name <sup>2010</sup>	Middle Name <sup>2000</sup>	Birth Date <sup>2000</sup>
SSN <sup>2000</sup>	SSN N/A <sup>2001</sup>	Patient ID <sup>2040</sup>	Other ID <sup>2040</sup>
Race: (check all that apply) <input type="checkbox"/> White <sup>2010</sup> <input type="checkbox"/> Black/African American <sup>2011</sup> <input type="checkbox"/> Asian <sup>2012</sup> <input type="checkbox"/> Hispanic or Latino Ethnicity <sup>2010</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes		Sex <sup>2000</sup> : <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> American Indian/Alaskan Native <sup>2013</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2014</sup>		Patient Zip Code <sup>2000</sup> : <input type="checkbox"/> Zip Code N/A <sup>2001</sup>	
<b>B. ADMISSION</b>			
Means of Transport to First Facility <sup>3100</sup> : <input type="checkbox"/> Self/Family <input type="checkbox"/> Ambulance <input type="checkbox"/> Mobile ICU <input type="checkbox"/> Air			
→ If Ambulance or Mobile ICU or Air, Pre-Arrival 1st Med. Contact Date/Time <sup>3105, 3106</sup> : _____ Time Estimated <sup>3107</sup>			
Transferred from Outside Facility <sup>3110</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, Means of Transfer <sup>3115</sup> : <input type="checkbox"/> Ambulance <input type="checkbox"/> Mobile ICU <input type="checkbox"/> Air			
→ If Yes, Arrival at Outside Facility Date/Time <sup>3120, 3121</sup> : _____ Time Estimated <sup>3122</sup>			
→ If Yes, Transfer from Outside Facility Date/Time <sup>3125, 3126</sup> : _____ Time Estimated <sup>3127</sup>			
→ If Yes, Name of Transferring Facility/AHA Number <sup>3150, 3151</sup> : _____			
Your Facility	Arrival Date/Time <sup>3200, 3201</sup>	Admission Date <sup>3210</sup>	HIC # <sup>3220</sup>
	Insurance Payors: <input type="checkbox"/> Private Health Insurance <sup>3300</sup> <input type="checkbox"/> Medicare <sup>3301</sup> <input type="checkbox"/> Medicaid <sup>3302</sup> <input type="checkbox"/> Military Health Care <sup>3303</sup> (check all that apply) <input type="checkbox"/> State-Specific Plan (non-Medicaid) <sup>3304</sup> <input type="checkbox"/> Indian Health Service <sup>3305</sup> <input type="checkbox"/> Non-US Insurance <sup>3306</sup> <input type="checkbox"/> None <sup>3307</sup>		
<b>C. CARDIAC STATUS ON FIRST MEDICAL CONTACT</b>			
Symptom Onset Date/Time <sup>4000, 4001</sup> : _____ Time Estimated <sup>4002</sup> Time Not Available <sup>4003</sup>			
First ECG Obtained <sup>4010</sup> : <input type="checkbox"/> Pre-Hospital (e.g. ambulance) <input type="checkbox"/> After 1st hosp. arrival First ECG Date/Time <sup>4020, 4021</sup> : _____			
STEMI or STEMI Equivalent <sup>4030</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, ECG Findings <sup>4040</sup> : <input type="checkbox"/> ST elevation <input type="checkbox"/> LBBB (new or presumed new) <input type="checkbox"/> Isolated posterior MI			
→ If Yes, STEMI or STEMI Equivalent First Noted <sup>4041</sup> : <input type="checkbox"/> First ECG <input type="checkbox"/> Subsequent ECG			
→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time <sup>4042, 4043</sup> : _____			
→ If No, Other ECG Findings <sup>4044</sup> : <input type="checkbox"/> New or presumed new ST depression <input type="checkbox"/> New or presumed new T-Wave inversion (demonstrated within first 24 hours of medical contact) <input type="checkbox"/> Transient ST elevation lasting < 20 minutes <input type="checkbox"/> None			
Heart Failure <sup>4100</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes Cardiogenic Shock <sup>4110</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes Heart Rate <sup>4120</sup> : _____ (bpm) Systolic BP <sup>4130</sup> : _____ (mmHg)			
<b>D. HISTORY AND RISK FACTORS</b>			
Weight <sup>5010</sup> : _____ (kg)		Hypertension <sup>5030</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes	
Current/Recent Smoker (< 1 year) <sup>5020</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes		Diabetes Mellitus <sup>5010</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes	
Currently on Dialysis <sup>5050</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes		Peripheral Arterial Disease <sup>5140</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes	
		Cerebrovascular Disease <sup>5130</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes	
		→ If Yes, Prior Stroke <sup>5131</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>J. DISCHARGE</b>			
Discharge Date <sup>11000</sup> : _____			
Comfort Measures Only <sup>11010</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes			
Enrolled in Clinical Trial During Hospitalization <sup>11020</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes			
Discharge Status <sup>11100</sup> : <input type="checkbox"/> Alive <input type="checkbox"/> Deceased			
→ If Alive, Smoking Counseling <sup>11101</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes			
→ If Alive, Exercise Counseling <sup>11102</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Ineligible			
→ If Alive, Cardiac Rehabilitation Referral <sup>11104</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Ineligible			
→ If Alive, Discharge Location <sup>11105</sup> : <input type="checkbox"/> Home <input type="checkbox"/> Extended care/transitional care unit <input type="checkbox"/> Other hospital			
<input type="checkbox"/> Nursing home <input type="checkbox"/> Hospice <input type="checkbox"/> Other <input type="checkbox"/> Left against medical advice (AMA)			
→ If Other Hospital, Transfer Time <sup>11106</sup> : _____			
→ If Other Hospital, Transfer for PCI <sup>11107</sup> : <input type="checkbox"/> No <input type="checkbox"/> Yes			

- The Work Group recommends that Maryland adopt the ACTION Registry®-GWTG™ tool.

This tool should be used by all Maryland hospitals providing primary angioplasty that seek designation by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) as a Cardiac Interventional Center. Based on experience with these hospitals, the Cardiac Data Advisory Committee should explore use of the ACTION Registry®-GWTG™ tool to support quality improvement efforts for all AMI patients.

- Maryland Register Notice, April 23, 2010**

All Maryland hospitals with a waiver from MHCC to provide primary PCI services or with a CON issue by MHCC for a cardiac surgery and PCI program are required to enroll in the ACC Foundation's NCDR ACTION Registry –GWT effective July 1, 2010.

- ACTION Registry Inclusion Population**

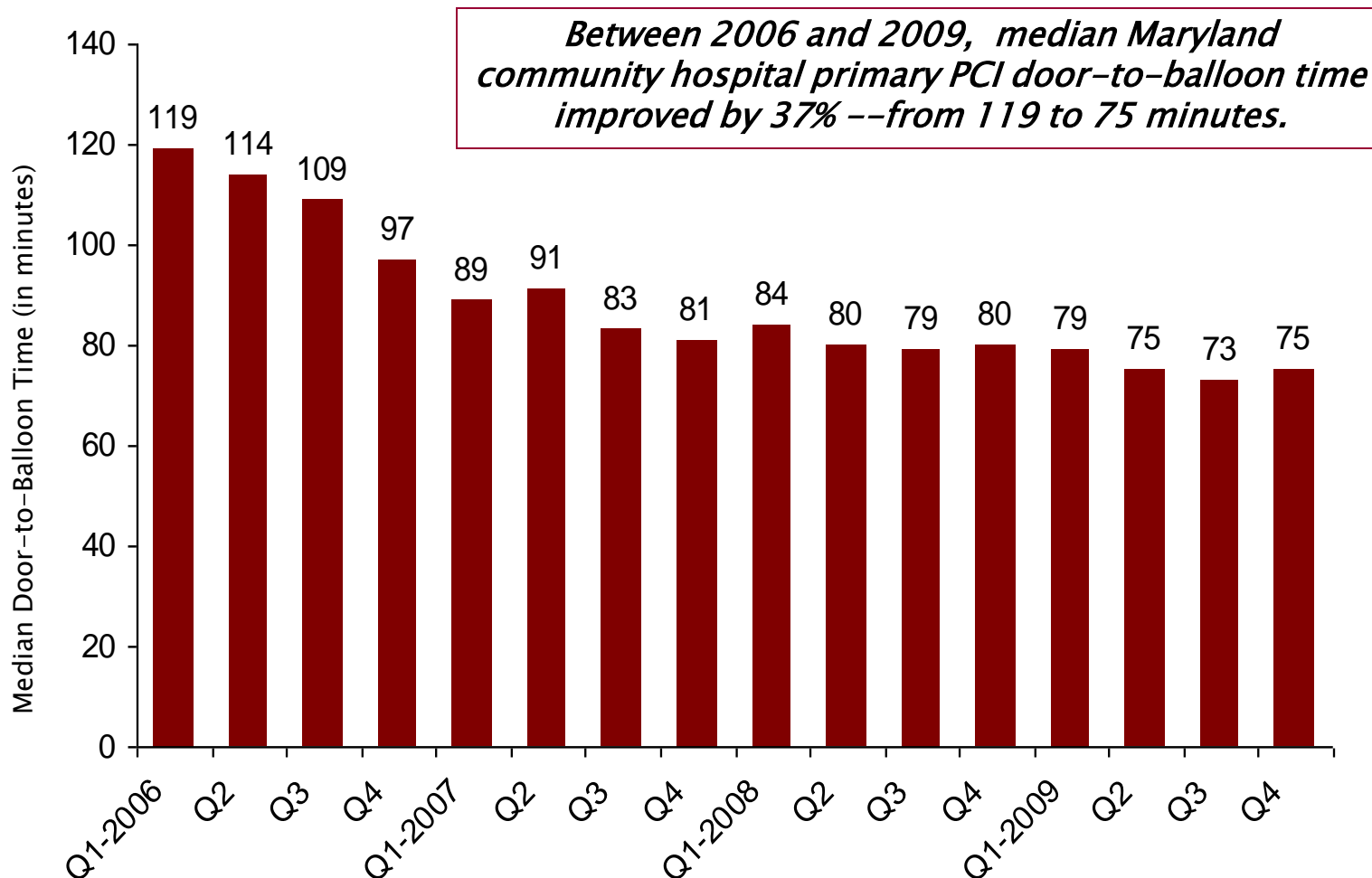
Patients admitted within 24 hours of acute ischemic symptoms typically reflected by a diagnosis of STEMI or NSTEMI.



# Performance Requirements for a Primary (Emergency) Angioplasty Program

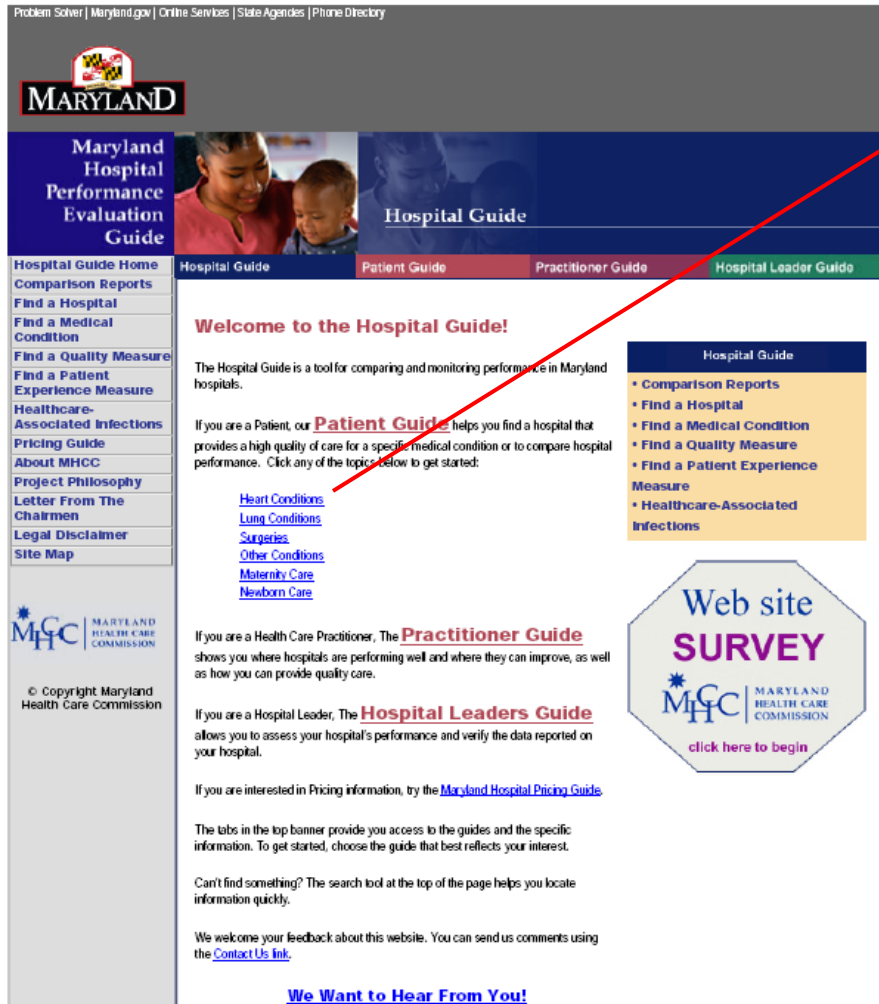
- **Institutional Resources**
  - 24/7
  - Effective January 1, 2010, provide primary angioplasty as soon as possible and not to exceed 90 minutes from patient arrival for 75% of appropriate patients
  - Formal, written agreement for patient transfer
  - Other
- **Physician Resources**
  - ACC/AHA criteria for competency of 75+ total angioplasty cases per year
  - Participation in on-call schedule
- **Initiation of a New Primary Angioplasty Center Program**
  - MHCC application process to review requests submitted by hospitals seeking approval to provide primary angioplasty services without on-site cardiac surgery
  - Minimum of 60-65 and optimally 85-90 acute ST-segment elevation MI's annually
  - Development program (standards, staff training, logistics plan, and quality and error management program)
- **Volume-Quality Relationship for Primary Angioplasty**
  - Minimum of 36 (rural areas) and optimally 49 (metropolitan areas) cases
- **On-Going Quality Assessment**
  - Develop uniform data set to be collected and analyzed from all hospitals in Maryland offering primary angioplasty services.

## **Primary PCI Median Door-to-Balloon Times (in minutes): Maryland Hospitals Without On-Site Cardiac Surgery, 2006-2009**



Source: Maryland Health Care Commission, STEMI Registry, 2006–2009.

# Hospital Performance Evaluation Guide



Problem Solver | Maryland.gov | Online Services | State Agencies | Phone Directory

**MARYLAND**

Maryland Hospital Performance Evaluation Guide

Hospital Guide Home  
Comparison Reports  
Find a Hospital  
Find a Medical Condition  
Find a Quality Measure  
Find a Patient Experience Measure  
Healthcare-Associated Infections  
Pricing Guide  
About MHCC  
Project Philosophy  
Letter From The Chairmen  
Legal Disclaimer  
Site Map

**Hospital Guide** Patient Guide Practitioner Guide Hospital Leader Guide

**Welcome to the Hospital Guide!**

The Hospital Guide is a tool for comparing and monitoring performance in Maryland hospitals.

If you are a Patient, our **Patient Guide** helps you find a hospital that provides a high quality of care for a specific medical condition or to compare hospital performance. Click any of the topics below to get started:

[Heart Conditions](#)  
[Lung Conditions](#)  
[Surgeries](#)  
[Other Conditions](#)  
[Maternity Care](#)  
[Newborn Care](#)

If you are a Health Care Practitioner, The **Practitioner Guide** shows you where hospitals are performing well and where they can improve, as well as how you can provide quality care.

If you are a Hospital Leader, The **Hospital Leaders Guide** allows you to assess your hospital's performance and verify the data reported on your hospital.

If you are interested in Pricing information, try the [Maryland Hospital Pricing Guide](#).

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- Find a Quality Measure
- Find a Patient Experience Measure
- Healthcare-Associated Infections

**Web site SURVEY**

**MHCC** MARYLAND HEALTH CARE COMMISSION

[click here to begin](#)

## Existing Cardiac Quality Measures

- **AMI Process of Care Measures**
  - Aspirin Prescribed at Arrival
  - Aspirin Prescribed at Discharge
  - Angiotensin Converting Enzyme (ACE) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction
  - Adult Smoking Cessation Advice/Counseling
  - Beta Blocker Prescribed at Discharge
- **Heart Failure Process of Care Measures**
  - Discharge Instructions
  - Evaluation of Left Ventricular Systolic (LVS) Function
  - Angiotension Converting Enzyme (ACE) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction
  - Adult Smoking Cessation Advice/Counseling
- **Risk-Adjusted Outcome Measures**
  - AMI 30-day Mortality Rate
  - Heart Failure 30-day Mortality Rate



# **Maryland State Cardiac Data Advisory Committee: Stakeholder Organizations Invited to Submit Nominations**

- American College of Cardiology-Maryland Chapter
- American Heart Association-Mid-Atlantic
- Department of Health and Mental Hygiene
- Maryland Hospital Association
- Maryland Institute for Emergency Medical Services Systems
- The Society for Cardiovascular Angiography and Interventions

# Maryland State Cardiac Data Advisory Committee: Roles and Responsibilities

- Support the development of a STEMI system for Maryland by providing timely data on all components of the system;
- Review and recommend any required changes to the data set, as the data collection and reporting process evolves, or as changes are made, for example, to the requirements for the primary PCI waiver;
- Establish and report on a common set of process and risk-adjusted outcome measures (taking into consideration hospital and patient characteristics) for PCI services as part of the Maryland Hospital Performance Evaluation Guide
- Provide advice on data collection methods, reporting, risk-adjustment, and auditing processes to facilitate quality improvement;
- Study and develop mechanisms to promote sharing of information for transferred patients and for patients using emergency medical service providers;
- Support statewide planning for specialized cardiac care services, including cardiac surgery and PCI services;
- Establish subcommittees to focus on specific topics identified for further research and analysis; and
- Facilitate quality improvement initiatives for Maryland cardiac patients.

# Questions

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*"We'll widen the clogged artery by inserting a balloon."*